

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53	/					
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59		/				
10				/			60		/				
11				/			61		/				
12				/			62		/				
13				/			63		/				
14				/			64		/				
15				/			65		/				
16				/			66		/				
17				/			67		/				
18				/			68		/				
19				/			69		/				
20				/			70		/				
21				/			71	/					
22				/			72		/				
23				/			73		/				
24				/			74		/				
25			/				75		/				
26				/			76		/				
27				/			77		/				
28				/			78		/				
29				/			79		/				
30				/			80		/				
31				/			81		/				
32				/			82		/				
33				/			83		/				
34				/			84		/				
35				/			85		/				
36				/			86		/				
37				/			87		/				
38				/			88		/				
39				/			89		/				
40			/				90		/				
41				/			91		/				
42				/			92		/				
43				/			93		/				
44				/			94		/				
45				/			95		/				
46				/			96		/				
47				/			97		/				
48				/			98		/				
49				/			99		/				
50				/			100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						